

# DISCLOSURE DIVISION

- ☒ WAIVER REQUEST  
☐ ANSWER  
☐ RECONSIDERATION REQUEST  
☐ UNTIMELY

DATE: 5/7/2021

DOCKET #:

Ashley Wimberley, Director  
Disclosure Division

## FILER INFORMATION

Name: Nancy "Beth" Tycer  
Address: P. O. Box 52, Angola, LA 70712  
Alt. Address: 5 Main St., Angola, LA 70712  
Office/Position: West Feliciana School Board / West Feliciana  
# of Disclosures/Amendments Filed with Agency: 8  
Years Covered: 2013-2018  
Final Report: Yes: 2018

## REPORT INFORMATION

Name of Report: Tier 3 Annual Personal Financial Disclosure covering calendar year 2018 - Amendment  
Report ID: PFD19009088  
Original Due Date: 5/15/2019  
Initial PFD Filed on: 7/19/2019  
NOD-amend Received: 3/17/2020 - Signed by: R.Tycer  
Amendment/Answer Due Date based on NOD: 7/6/2020  
Amendment/Answer Filed: 11/24/2020

## LATE FEE INFORMATION

Amount of Late Fee: \$1500  
Days late from receipt of NOD: 141  
Total days late from initial due date: 559  
Late Fee Order Received: 2/19/2021  
Payment/Waiver Request Due Date: 3/11/2021  
Waiver Request Received: 2/23/2021

## COMMENTS:

Mrs. Tycer is stated she resigned from the board in 2018. She stated the secretary usually notifies them of the annual filing, collects and submits the disclosures all together. She does not recall if she did or did not provide the secretary with her final PFD. She stated when she received her NOD, she tried contacting the agency office several times, but did not get through due to Covid-19 Statewide Agency/Offices shutdowns. In April 2020, her house burned down and she and her family lost everything. Her box of bills and along with our NOD-FF was in destroyed. Mrs. Tycer stated she could not think straight. They have 3 children and suddenly had no home or no clothes. Mrs. Tycer stated she does not want the Ethics Board to feel sorry for her, but she "just needs a break". She never lets anything like this happens and it was an honest mistake. She stated she cannot afford to pay the fine right now and asks the Ethics Board to consider all the other years she has filed timely.

## OTHER LATE FEE INFORMATION

### Disclosure Statements:

- Other Outstanding Statements: No
- Other Outstanding Late Fees: Yes: AG \$50 2018

### Annual PFD

- Prior Late Fees: No
- Reassessed Late Fees: No

### Campaign Finance:

- Outstanding Late Fees: No
- Prior Late Fees: No

- req. for supporting docs.  
Issued 6/24/21  
7/21/21

February 23, 2021

Louisiana Board of Ethics

Post Office Box 4368

Baton Rouge, Louisiana 70821

RE: Late Fee Assessment – Report PFD19009088

Dear Board,

I am writing to you to ask that my fine of \$1500.00 be waived. Yes, I know that my Tier 3 Annual Personal Financial Disclosure Statement was not reported in a timely manner but I am asking that you consider this for me. I resigned from the West Feliciana Parish School Board in October of 2018. The secretary there usually collects our reports and submits them all together. I cannot recall giving or not giving it to her. On March 17, a notice of delinquency was sent to me, informing me of the deadline to file the amendment. I was on the school board for one term and had just been re-elected for a second term. I always filed my information in a timely manner, having nothing to hide financially. Covid-19 had state offices closed down and I tried to call several times. In April of 2020 our house burned and we lost everything. My box of bills that I had to take care of was destroyed. The notification I was received was in that box. Imagine if your house burned down. I couldn't think straight for a while. We had no home, no clothes and we have 3 children. I don't want you to feel sorry for me, I just need a break. I have never let anything like this happen. Will you please consider the timely filings the prior years and know that I made an honest mistake, a high priced one that I cannot afford right now. Please consider this for me.

Thank you for taking the time to read this.

Nancy "Beth" Tyner



STATE OF LOUISIANA  
DEPARTMENT OF STATE CIVIL SERVICE  
**LOUISIANA BOARD OF ETHICS**  
P. O. BOX 4368  
BATON ROUGE, LA 70821  
(225) 219-5600  
FAX: (225) 381-7271  
1-800-842-6630  
[www.ethics.la.gov](http://www.ethics.la.gov)

**CERTIFIED MAIL**

**NO. 70190700000227617494**

**RETURN RECEIPT REQUESTED**

March 13, 2020

Nancy "Beth" Tycker  
P. O. Box 52  
Angola, LA 70712

**RE: NOTICE OF DELINQUENCY - AMEND  
PFD19009088**

Dear Nancy "Beth" Tycker:

Pursuant to La. R.S. 42:1124.4, if a person fails to file a Personal Financial Disclosure Statement as required by 42:1124, 1124.2, 1124.2.1, or 1124.3; omits information; or files inaccurately, a Notice of Delinquency shall be issued. A review of your Tier 3 Personal Financial Disclosure Statement covering 2018 that was filed with this office on July 19, 2019, indicates the following error(s) or omission(s):

**You are required to disclose income received (during calendar year 2018) from the West Feliciana Parish School Board on SCHEDULE B.**

**You are also required to disclose the amount of income that your spouse received (during calendar year 2018) from the Northwest Louisiana Technical College on SCHEDULE B. You disclosed his hourly wage.**

**You have 7 business days from the date of receipt of this Notice** to file an amendment to your Statement, or to submit a written Answer contesting the allegations. **Failure to file** within the 7 days will subject you to an automatic late fee of \$50 per day up to a maximum of \$1,500. Proof of timely filing is determined by the U.S. Postal Service postmark; receipt from the U.S. Postal Service; or receipt from a commercial delivery service.

If you would like to view the report that was initially filed to further explain the omission and/or correction needed, you may visit our website at [www.ethics.la.gov](http://www.ethics.la.gov). If you have any questions, you may contact me at 225/219-5600 or 800/842-6630.

Sincerely,

Tammy Frazier  
Compliance Investigator

**SENDER COMPLETE THIS SECTION**

- Complete items 1, 2, and 3.
- Print your name and address on the reverse so that we can return the card to you.
- Attach this card to the back of the mailpiece, or on the front if space permits.

1. Article Addressed to:

Nancy "Beth" Tycer  
P. O. Box 52  
Angola, LA 70712



9590 9402 5114 9092 0523 05

2. Article Number (Transfer from service label)

7019 0700 0002 2761 7494

PS Form 3811, July 2015 PSN 7530-02-000-9053

**COMPLETE THIS SECTION ON DELIVERY**

A. Signature

X

*[Handwritten Signature]*

- ☐ Agent
- ☐ Addressee

B. Received by (Printed Name)

*R. Tyker*

C. Date of Delivery

*3/17/20*

D. Is delivery address different from item 1? ☐ Yes

If YES, enter delivery address below:

☐ No

LOUISIANA POSTAL SERVICE  
COUNCIL BLVD SUITE 100

3. Service Type

- ☐ Adult Signature
- ☐ Adult Signature Restricted Delivery
- ☒ Certified Mail®
- ☐ Certified Mail Restricted Delivery
- ☐ Collect on Delivery
- ☐ Collect on Delivery Restricted Delivery

- ☐ Priority Mail Express®
- ☐ Registered Mail™
- ☐ Registered Mail Restricted Delivery
- ☒ Return Receipt for Merchandise
- ☐ Signature Confirmation™
- ☐ Signature Confirmation Restricted Delivery

fail  
fail Restricted Delivery  
0)

*3-13 TF*

Domestic Return Receipt



STATE OF LOUISIANA  
DEPARTMENT OF STATE CIVIL SERVICE  
**LOUISIANA BOARD OF ETHICS**

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July 21, 2021

Nancy "Beth" Tycer  
P. O. Box 52  
Angola, LA 70712

RE: Request for Additional Information  
Tier 3 Annual Personal Financial Disclosure Statement  
Report ID# PFD19009088  
Waiver Request

Dear Nancy "Beth" Tycer:

On February 23, 2021, you requested a waiver of the \$1,500 late fee that was issued in connection with the filing of the above referenced disclosure statement.

In your request, you state that your home burned down in April 2020 and that the imposition of the late fee would create a financial hardship. If you would like the Board to consider the request as stated, you must complete the enclosed Financial Statement Form and return it together with documentation to support and verify your claim. The documentation must be received by this agency on or before **August 20, 2021**.

If you have any questions, or need clarification on what to submit, you may contact me at 1-800-842-6630 or 225-219-5600.

Sincerely,

Tracy Barker  
Deputy General Counsel

Financial Statement for \_\_\_\_\_ (Filer Name)

Married: ☐ Yes ☐ No

Spouse's name (if applicable): \_\_\_\_\_

Dependents (include claimed dependents and other persons living in your household):

Name	Age	Relationship	Contributes to household income?
			<input type="radio"/> Yes <input type="radio"/> No
			<input type="radio"/> Yes <input type="radio"/> No
			<input type="radio"/> Yes <input type="radio"/> No
			<input type="radio"/> Yes <input type="radio"/> No

Employment of Filer and Spouse

Filer / Spouse	Name of Employer	Occupation	Frequency of Payment (weekly, monthly, etc.)	Ownership Interest in Employer? If "Yes", percentage of ownership, type of business (ie: sole proprietorship, C corporation, subchapter S, LLC, etc), and position with company (ie: officer, director, partner, etc.)
<input type="radio"/> Filer <input type="radio"/> Spouse				<input type="radio"/> Yes % ownership: _____ <input type="radio"/> No Business Type: _____ Position: _____
<input type="radio"/> Filer <input type="radio"/> Spouse				<input type="radio"/> Yes % ownership: _____ <input type="radio"/> No Business Type: _____ Position: _____
<input type="radio"/> Filer <input type="radio"/> Spouse				<input type="radio"/> Yes % ownership: _____ <input type="radio"/> No Business Type: _____ Position: _____
<input type="radio"/> Filer <input type="radio"/> Spouse				<input type="radio"/> Yes % ownership: _____ <input type="radio"/> No Business Type: _____ Position: _____

Cash and Investments over \$1,000 (select all that apply): ☐ Cash ☐ Checking ☐ Savings ☐ MoneyMarket ☐ CD

Property in which own or are buying (if additional space is needed, include as an attachment)

Property description (residential, commercial, farmland, investment, etc.)	Location (parish/county and state)

Required Attachments:

- Monthly Household Income/Expense Form
- Copy of most return tax return/schedules filed by filer, spouse and/or business
- Most recent bank statements for checking and savings disclosing balance of accounts

I hereby certify that the above-provided information and attachments are true and correct to the best of my knowledge, information and belief.

Signature \_\_\_\_\_

Date \_\_\_\_\_

**MONTHLY HOUSEHOLD INCOME/EXPENSE FORM for \_\_\_\_\_ (Filer Name)**

**Monthly Household Income**

Income Type		Monthly Amount
Filer	Gross Wages	
	Social Security	
	Pension	
	Other Income	
	Withholdings	
Spouse	Gross Wages	
	Social Security	
	Pension	
	Other Income	
	Withholdings	
Dependents	Contribution to Household Income	
Interest/Dividends/Distributions from Investments		
Rental Income		
Income from Business		
Child Support		
Alimony		
<b>Total Monthly Income</b>		

**Monthly Household Expenses**

Expense Type		Monthly Amount
Housing (mortgage or rent)		
Vehicle (loan or lease)		
Public Transportation Costs		
Health Insurance		
Court-ordered expenses		
Student loans		
Other Loans - provide description		
Utilities		
Food, personal products, etc.		
Childcare		
Other Expenses	(Provide Description)	
<b>Total Monthly Expenses</b>		